

STATE OF MAINE
DEPARTMENT OF EDUCATION
APPLICATION – FOOD SERVICE EQUIPMENT ASSISTANCE

1. Name of SAU: _____
2. Name of Person Completing Form: _____ Tel. No.: _____
3. Food Service available funds \$ _____ (checkbook balance + other cash assets) as of ____/____/2010
4. Schools Benefiting from Equipment: _____ Enrollment: _____
5. Planned date(s) of delivery and installation of equipment: _____
6. How will the equipment improve the quality of school lunch meals? Maximize scoring by including 7,8, and 9

Attach text and keep to about half page

7. How will the equipment improve the safety of lunch served in the school meal programs?

Attach text and keep to about half page

8. How will the equipment improve the overall energy efficiency of the school foodservice operations?

Attach text and keep to about half page

9. Free and reduced eligible percent will be taken from 2010 ED534 report.

***CERTIFICATION:** I certify that the information in this application is true and correct to the best of my knowledge, and that the funds requested are needed for the equipment listed, and that the equipment acquired with funds will be used principally to effectively meet the nutritional needs of the children.*

APPROVED BY: _____ Date	_____ (Signature of Superintendent of Schools)
_____ Date	_____ (Maine Department of Education Official)

RETURN ORIGINAL TO: Maine Department of Education
Child Nutrition Services
23 State House Station
Augusta, ME 04333-0023

For Information Call: (207) 624-6842
E-MAIL: walter.beeslev@maine.gov

MUST BE RECEIVED NO LATER THAN FRIDAY MAY 14, 2010
(NO PURCHASE INCURRED PRIOR TO APPROVAL WILL BE HONORED FOR PAYMENT)